



EMPLOYEE REGISTRATION FORM

- Please print neatly and fill out form completely.
- Sign waiver in right-hand column.

Name: _____

Employer: _____

Work Address: _____

Address

City

ZIP

Work Phone: () Home Phone: ()

Home Address: _____

Address

City

ZIP

Email: _____

Number of miles you live from your work site: _____

If you use a wheelchair or would otherwise require an accessible vehicle, please check box: ☐

Please indicate the number of days per week you use each of the following for your commute to work:

Number of Days per Week	Number of Days per Week	*If you ride the bus, which service do you use?
Carpool _____	Ferry _____	<input type="checkbox"/> AC Transit
Vanpool _____	Walk _____	<input type="checkbox"/> Muni
Train/BART _____	Bicycle _____	<input type="checkbox"/> LAVTA (Wheels)
Bus* _____		<input type="checkbox"/> SMART/SJRTD
		<input type="checkbox"/> Other _____

If you would like assistance in forming or joining a carpool or vanpool, please check box: ☐

How did you find out about the
Guaranteed Ride Home Program? _____

Liability Waiver and General Release of All Claims

The Guaranteed Ride Home program (the "Program") is a purely voluntary program offered by the Alameda County Congestion Management Agency ("CMA") in cooperation with my employer, _____.

I hereby acknowledge that I am voluntarily participating in the Program. I hereby assume full responsibility for all liability and all risk of injury or loss, including death, which may result from my participation in this program. I hereby agree to hold harmless, release, waive, forever discharge and covenant not to bring legal action or claim against CMA from any and all claims or demands I may have by reason of any accident, illness, injury or death, or damage to or loss or destruction of any property, arising or resulting directly or indirectly from my participation in the Program and occurring during such participation or any time subsequent thereto. This Liability Waiver and General Release of All Claims applies whether or not such loss, injury or death is caused or alleged to be caused by any act or omission by CMA or other parties, negligent or otherwise, related to my participation in the Program. This Liability Waiver and General Release of All Claims is binding on my heirs, executors, administrators and all of my family members.

I hereby acknowledge that my participation in the Program does not in any manner imply that I am acting in the course and scope of official business for my employer, nor does it in any manner establish an employer-employee or agency-employee or agency relationship with CMA.

I affirm that the information I have provided is true and I have reviewed the rules and regulations of this program. I recognize that I will be charged by the Alameda County CMA Guaranteed Ride Home Program for any proven fraudulent use of this program.

Signature _____

Date _____

Please fax or mail to:

Alameda County CMA Guaranteed Ride Home Program
c/o Nelson\Nygaard
785 Market St., Suite 1300
San Francisco, CA 94103
Fax: (415) 284-1554